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CONFIRMATION NO. 4349

<b>SERIAL NUMBER</b> 10/822,284	<b>FILING OR 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1709	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Chang-Hai Chen, Hsin Chu City, TAIWAN; Hui-Tsung Tseng, Hsin Chu City, TAIWAN;				
<b>** CONTINUING DATA *****</b> <i>AM</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <i>AM</i> <b>** 06/22/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<i>AM</i> Examiner's Signature	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 5	TOTAL CLAIMS 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> AIR MAIL CHANG HAI CHEN P.O. BOX 7-288 TAIPEI, TAIWAN				
<b>TITLE</b> Test plates to rapidly siphon and transfer the blood				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	